P.01





FORMAL

RE APPLICATION NUMBER: 09/941,901

TRANSMITTAL COVER LETTER FOR FACSIMILE TRANSMISSION

PLEASE DELIVER THE FOLLOWING PAGES TO:

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450 ATTN: CUSTOMER SERVICE

FACSIMILE NUMBER: (571) 273-0125

THE SENDER IS:

Laurence S. Rogers

Registration Number 28,465

ROPES & GRAY LLP

1211 Avenue of the Americas New York, New York 10036

Tel.: (212) 596-9000 Fax.: (212) 596-9090

CLIENT/MATTER NO. <u>CF/031</u>

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby	certify that this	s paper is being	g facsimile	transmitted	to the U.S.	. Patent
and Trademark	Office on the da	ate shown belo	ow.	6	,	

February 19, 2008

Date

Helen Giamonitie

TOTAL NUMBER OF PAGES, INCLUDING COVER SHEET: 2

DATE: 02/19/2008 FACSIMILE OPERATOR: Helen Giamonitis

THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT THE UNAUTHORIZED DISSEMINATION OF THE COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE.

FEB 1 9 2008

PTO/SB/83 (01-06) Approved for use through 12/31/2008. OMB 0851-0036
U.S. Patent and Trademerk Office, U.S. DEPARTMENT OF COMMERCE Unger the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

		
Application Number	09/941,901 (Conf. No. 7586)	
Filing Date	August 28, 2001	
First Named Inventor	Howard W. Lutnick	
Art Unit	3627	
Examiner Name	Michael A. Cuff	
Attorney Docket Number	CF/031	

P.O.	mmlssioner fo). Box 1450 xandria, VA 22							
Plea	ase withdraw me	as attorney c	יר agent for	the above	identified ;	patent applic	cation, and	
\checkmark	all the attorneys						, ,	
	the attorneys/ag	-		numbers) li	isted on the	e attached p	ener(s), or	
	the attorneys/a				1		phot/-//	7
	NOTE: This bo		e checked v	when the p	ower of atte	torney of rec	ord in the ap	_ plication is to all the
The reaso		iest are: Clie		led to pay	One or mo	ore bills for	`an unreasç	onable period of time (37
			CORRE	SPONE	DENCE	ADDRES	S	
2. ✓ 0	The corresponder Change the corre address associa	espondence a	address and	d direct all f				
OR								
	irm <i>or</i> dividual Name							
Address								
City					State			Zip
Country								
Telephone			5				Email	
Signature	angi	500	177	12-(
Name	Laurence S. F		3		-	Reg	istration No.	28,465
Date	February 7, 20			12-			phone No.	212-596-9000
NOTE: Withdr	rewal is effective whe	an approved raths	ar than when r	eceived. Unic	ass there are			val of withdrawal and the expiration

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commissioner for Patents. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.